## EXHIBIT C

IOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense Insing after the commencement of the case A "request" for payment of an Idministrative expense may be filed pursuant to 11 U S C § 503  Vame of Creditor and Address:	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars					
THE PHILIP HIGERD FAMILY TRUST DATED 5-30-03 C/O PHILIP C HIGERD TRUSTEE PO BOX 2535 MAMMOTH LAKES CA 93546-2535	Check box if you have never received any notices from the bankruptcy court or BMC Group in this case  Check box if this address differs from the address on the envelope sent to you by the	DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS  If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again				
Creditor Telephone Number ( )	court.	THIS SPACE IS FOR COURT USE ONLY				
ast four digits of account or other number by which creditor identifies debtor-	Check here replain or amer	a previously filed claim dated				
Goods sold Personal injury/wrongful death Taxes  Wages, Last fou	benefits as defined in 11 U S salaries and compensation ( ir digits of your SS # compensation for services pe	(fill out below) Other claims against service (not for loan balances)				
	OURT JUDGMENT, DATE C	(date) (date)				
CLASSIFICATION OF CLAIM. Check the appropriate box or boxes that best desc	ribe your claim and state the amo					
UNSECURED NONPRIORITY CLAIM \$ 250,000. Plus in the Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority		our claim is secured by collateral (including				
INSECURED PRIORITY CLAIM						
Check this box if you have an unsecured claim all or part of which is entitled to priority	Real Estate L  Value of Collateral					
Amount entitled to priority \$	Amount of arrearage ar	nd other charges <u>at time case filed</u> included in				
Specify the priority of the claim  Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)  Wages salaries or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier - 11 U S C § 507(a)(4).  Contributions to an employee benefit plan - 11 U S C § 507(a)(5)	Up to \$2 225* of deposits towas services for personal family of Taxes or penalties owed to go Other - Specify applicable para * Amounts are subject to adjust	ard purchase lease or rental of property or or household use -11 U S C § 507(a)(7) overnmental units - 11 U S C § 507(a)(8) ragraph of 11 U S C § 507(a) ( ) stment on 4/1/07 and every 3 years thereafter need on or after the date of adjustment				
TOTAL AMOUNT OF CLAIM \$ 250,000,00\$	\$	\$ 250,000,00				
•	secured)	( prionty) (Total)				
Check this box if claim includes interest or other charges in addition to the principal	amount of the claim Attach ite	emized statement of all interest or additional charges				
<ul> <li>CREDITS The amount of all payments on this claim has been credited and a SUPPORTING DOCUMENTS. Attach copies of supporting documents, is running accounts contracts court judgments, mortgages security agreement DOCUMENTS. If the documents are not available, explain. If the documents.</li> <li>DATE-STAMPED COPY To receive an acknowledgment of the filing of proof of claim.</li> </ul>	uch as promissory notes pure ts and evidence of perfection s are voluminous, attach a sur	chase orders invoices, itemized statements of n of lien DO NOT SEND ORIGINAL mmary				
The original of this completed proof of claim form must be sent by mail ACCEPTED) so that it is actually received on or before 5 00 pm, prevailing for each person or entity (including individuals, partnerships, corporation governmental units)	ng Pacific time, on Novembons, joint ventures, trusts ar	er 13, 2006 USE ONLY nd				
BMC Group Attn USACM Claims Docketing Center P O Box 911 El Segundo CA 90245-0911 El Segundo CA 90245-0911 El Segundo CA 90245-0911	BMC Group Attn USACM Claims Docketing Center P O Box 911  BMC Group Attn USACM Claims Docketing Center 1330 East Franklin Avenue					
DATE    SIGN and print the name and title if any of the creditor or other person authorized to file   12-6-06   Sign and print the name and title if any of the creditor or other person authorized to file   this claim (attach copy of power of attorney if any)   Compared to file   USA CMC   Compared to file   Compared						
enalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisonment for up to	5 years or both 18 U.S.C. &&:	152 AND 3571				

## FORM B10 (Official Form 10) (10/05)

UNITED STATES BANKRUPTCY COURT DISTRICT OF Nevada						PROOF OF CLAIM					
Name of Debtor	levial	MANTALA	L CHILAND	Cas	e Num		726	<b>.</b>	R.D.		
NOTE This form should not be used to make a claim for an administrative expense arising after the commencement											
of the cise. A request for payment of an administrative expense may be filed pursuant to 11 USC § 503											
Name of Creditor (T		other entity to w	hom the						that anyone		
Robert 4.1	Fuller 7		f the	yo	ur cla		ttach		statement		
RGF REVEC Name and address w				∏ a	neck b	ox it y	you ha		r received a		
Robert Fully	~			Ca ca	se			. ,	court in th		
5172 English Las Vegas,	NV 894	12		1 🗀					fers from th t to you by	е	THIS SEACE IS FOR COURT USE ONLY
Telephone number  Last four digits of ac	<u> 702                                   </u>	<u> 57 - 499  </u>	nich creditor		e cour neck h		rep	laces			THIS SIACE IS FOR COOKE OSE ONLY
identifies debtor					this cl				previously	filed	claim dated
1 Basis for Cla											USC § 1114(a)
	performed				L	La	st fou	ir digits (	of your SS	#	
Money le	oaned injury/wror	gful death									es performed
Taxes	Sec Expl	JAY A				110	om	(da	ite)	10_	(date)
2 Date debt wa				3	If	cour	t judg	gment,	date obtan	red	
April 2											
4 Classification of See reverse side to	f Claim Cl for important	eck the appropri explanations	ate box or boxes th	at best d			r claim ed Cl		ate the amou	unt of	the claim at the time case filed
Unsecured Nonpr					15	<b>-</b> /			if your clay	m 10 0	secured by collateral (including
Check this box b) your claim excee	x if a) there ds the value	is no collateral of of the property	or lien securing you securing it or if c)	r claim on none or	or a	right	of set	toff)	n your clar	111 15 5	secured by conficing (including
only part of your cit	aim is entiti	ed to priority			4				on of Colla		chicle Other
Unsecured Priority  Check this box	_	an unsecured of	aım all or part of w	vhich is			_		teral \$_1		L
entitled to priority	,	un amoourou or	unii un or part or v	vincii is							s at time case filed included in
Amount entitled to p					. —				٤,٤		
Specify the priority of t					Up or s	to \$2,	,225* es for	of depos personal	sits toward I family or	purch hous	hase lease or rental of property ehold use 11 U S C
(a)(1)(B)	ort obligation	s under 11 U S	C \$ 507(a)(1)(A) o	r F	§ 5	07(a)(	(7)		-		
Wages salaries	or commiss	ions (up to \$10 (	000) * earned within	n 180	ı						al units 11 U S C § 507(a)(8)  11 U S C § 507(a)()
days before filing of business whichever				-	\ \mour	ıts are	subje	ect to ad	justment on	4/1/0	7 and every 3 years thereafter
			- 11 U S C \ 507(a							on or	after the date of adjustment
		at Time Case l			(UI	isecure	d)	(sec	<b>S23.</b> (2) cured)	(pri	ority) (Total)
interest of additi	ional charge									tach	itemized statement of all
6 Credits The making this proof	amount of a	ill payments on	this claim has been	credited	and c	leduct	ted for	r the pur	pose of	TH	HS SPACE IS FOR COURT USE ONLY
7 Supporting Do	cuments	Attach copies of	supporting docume	ents such	as pi	romis	sory n	notes pu	rchase		
orders invoices in agreements and	itemized star evidence of	ements of runni perfection of he	ng accounts contra en DO NOT SEN	octs cour	t judg INAI	ments	mor	tgages	security f the		2007
documents are no	ot available	explain If the d	ocuments are volur	minous a	ttach	a sum	mary			FIL	ED JAN 11 2007
8 Date Stamped ( addressed envelop	pe and copy	of this proof of									
Date	Sign and	print the name a	nd title if any of the street of the street of the street of attornion of the street o	he credit	or or o	other j	регѕог	n author	ized to	1	
1-10-07	_	y a f	- /1	Fus	•	<b>.</b>					USA CMC

Case 06-10725-gwz Doc 8569		otered 06/27/11 14:	41:19 Page 4 of 11				
	PRO	OOF OF CLAIM	YOUR CLAIM IS SCHEDULED AS				
Name of Debtor	Case Nu	umber	Schedule/Claim ID s32390				
USA Commercial Mortgage Company	06-107	725-LBR	Amount/Classification				
			\$145 99 Unsecured				
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expansing after the commencement of the case A "request" for payment administrative expense may be filed pursuant to 11 U S C § 503	pense of an	Check box if you are aware that anyone else has filed a proof of claim relating	The amounts reflected above constitute your claim as				
Name of Creditor and Address  113212400  ROBERT H PERLMAN & LYNN R PERLMAN  TRUST DATED 9/17/92  C/O ROBERT H PERLMAN & LYNN R PERLMAN  TRUSTEES  2877 PARADISE RD UNIT 3501	01532		scheduled by the Debtor or pursuant to a filed claim is you agree with the amounts set forth herein, and have no other claim against the Debtor you do not need to file this proof of claim EXCEPT as stated below  If the amounts shown above are listed as Contingent, Unliquidated or Disputed, a proof of claim must be filed				
LAS VEGAS, NV 89109 5278		differs from the address on the envelope sent to you by the	If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again				
Creditor Telephone Number 762 369 -0112	··	court	THIS SPACE IS FOR COURT USE ONLY				
Last four digits of account or other number by which creditor identifies	debtor	Check here replac	ces				
1878		Check here replace or if this claim amen	a previously filed claim dated				
1 BASIS FOR CLAIM	Retiree h	penefits as defined in 11 U S					
Goods sold Personal injury/wrongful death		salaries, and compensation (					
Services performed Taxes		digits of your SS #	(not for loan balances)				
Money loaned		compensation for services pe	rformed fromto				
			(date) (date)				
2 DATE DEBT WAS INCURRED		OURT JUDGMENT, DATE O					
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that I See reverse side for important explanations	Desi describ		il oi uie ciaim al liie ume case tiied				
UNSECURED NONPRIORITY CLAIM \$ 1,012,942	93	SECURED CLAIM	nur cloum to continue by collectural (and advantage				
Check this box if a) there is no collateral or lien securing your claim, or b) you	our claim	a right of setoff)	Check this box if your claim is secured by collateral (including				
exceeds the value of the property securing it, or if c) none or only part of your entitled to priority	CIAIM IS	Brief description of	collateral				
UNSECURED PRIORITY CLAIM		Real Estate	I				
Check this box if you have an unsecured claim all or part of which is entitled to priority		Value of Collateral	\$				
Amount entitled to priority \$			nd other charges <u>at time case filed</u> included in				
Specify the priority of the claim  Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		L	rd purchase lease or rental of property or				
Wages salanes or commissions (up to \$10 000)* earned within 180 days	لــا		household use 11 U S C § 507(a)(7)				
before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(4)			ernmental units 11 U S C § 507(a)(8)				
Contributions to an employee benefit plan 11 U S C § 507(a)(5)		, , , , ,	graph of 11 U S C § 507(a) () tment on 4/1/07 and every 3 years thereafter				
			ment on 4/1/07 and every 3 years thereafter sed on or after the date of adjustment				
5 TOTAL AMOUNT OF CLAIM \$ 1, 1 & 7, 000.00\$		\$	\$ 1,187,000 00				
AT TIME CASE FILED (unsecured)	•	ecured)	( pnority) (Total)				
Check this box if claim includes interest or other charges in addition to the	e principal a	amount of the claim Attach iter	mized statement of all interest or additional charges				
6 CREDITS The amount of all payments on this claim has been cred							
7 SUPPORTING DOCUMENTS Attach copies of supporting documents are not available, explain of the documents are not available, explain of the documents are not available.	greement	s, and evidence of perfection	of lien DO NOT SEND ORIGINAL				
8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim							
The original of this completed proof of claim form must be sent ACCEPTED) so that it is actually received on or before 5 00 pm, for each person or entity (including individuals, partnerships, c	prevailin	ig Pacific time, on Novemb	er 13, 2006 USE ONLY				
governmental units) BY MAIL TO	BY HAND C	tiled Date					
BMC Group	BMC Grou		9/26/2006				
P O Box 911	1330 East	Franklın Avenue					
El Segundo CA 90245-0911  DATE  SIGN and onnt the name and title if any of the		to CA 90245					
thy claim (attach dopy of power of attorne	110.1.0110						
Penalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisonment	USA CMC WAND 3571 USA CMC						
•	+ 1	1	ى				

FORM B10 (Official Form 10) (10/05)

TOTAL DIO (Cincial Form To) (10/05)						
United States Bankruptcy Court	Dis	TRICT	OF N	evada		PROOF OF CLAIM
lame of Dchtor USA Commercial Mortgage Company Case Number 06-10725-LBR						
NOTF This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503						1
Name of Creditor (The person or other entity to whom the dubtor owes money or property) Pensco Trust Company Custodian for Robert William Ulm IRA	else you	has filed r claim ng partic	l a proc Attach ulars	re aware that of of claim is copy of sta	relating to itement	
Name and address where notices should be sent Robert W Ulm -Beneficiary 414 Morning Glory Road	not	ces from	the ba	ave never re ankruptcy co ldress differ	ourt in thi	S
St Marys GA 31558 Telephone number 912-673-6020	add the	ress on ti court.	ne enve	elope sent to		THIS STACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies debtor 3748		ck here is claim	an	nends a pr		filed claim dated 11/06/06
Basis for Claim Goods sold Services performed ✓ Money loaned Personal injury/wrongful death Taxes			Vages ast fou Inpaid	salaries, an ir digits of	d compe your SS ion for se	ervices performed to
Other See Exhibit A  2 Date debt was incurred	3	16				(date)
2 Date debt was incurred 11/21/03	3	II cou	rt jua	gment, da	e obtain	ea
4 Classification of Claim Check the appropriate box or boxes the See reverse side for important explanations  Unsecured Nonpriority Claim \$ 75,000 107,753  Check this box if a) there is no collateral or lien securing you b) your claim exceeds the value of the property securing it or if c) is only part of your claim is entitled to priority  Unsecured Priority Claim  Check this box if you have an unsecured claim all or part of we entitled to priority  Amount entitled to priority \$  Specify the priority of the claim  Domestic support obligations under 11 U S C \$ 507(a)(1)(A) or (a)(1)(B)  Wages salaries, or commissions (up to \$10,000),* carned within days before filing of the bankruptcy petition or cessation of the debte business whichever is earlier 11 U S C \$ 507(a)(4)  Contributions to an employee benefit plan - 11 U S C \$ 507(a)	r claim or none or which is	Amou secure Up to \$ 507(a Taxes or Other	Check to of set	claim  this box if stoff)  Description cal Estate of Collaterarrearage and m, if any stoff deposits personal falties owed to y applicable ect to adjust	of Collate Mote al \$1 depth of \$2,862 depth of government on menced of the collapse of the col	eral or Vehicle Other Jinknown  narges at time case filed included in courchase lease or rental of property thousehold use - 11 U S C nental units - 11 U S C § 507(a)(8) ph of 11 U S C § 507(a)()  4/1/07 and every 3 years thereafter in or after the date of adjustment
<b></b>	§ htton to th	(unsecu	ed)	(secur	ed)	(priority) (Total)
Check this box if claim includes interest or other charges in addinterest or additional charges  Credits  The amount of all payments on this claim has been						
making this proof of claim  7 Supporting Documents Attach copies of supporting docume orders invoices itemized statements of running accounts contra agreements and evidence of perfection of lien DO NOT SEN documents are not available explain. If the documents are voluments are not available explain if the documents are voluments are not available explain.	ents, such octs court of ORIGIN	as promi udgmen IAL DO ach a sui	ssory r ts, mor CUMI mmary	notes purch rtgages, sec ENTS If th	uase unty ie	THIS SPACE IS FOR COURT USE ONLY  FILED JAN 1 1 2007
Date Sign and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any)  O1/08/06					USA CMC	
The second second						1072502090

ORM B10 (Official Form 10) (10/05)	Description	or or		lovada	05 05 01 AUA		
UNITED STATES BANKRUPTCY COURT	DISTRI	CI OF		evada	PROOF OF CLAIM		
Name of Debtor (15A COMMERCIAL MONTLAGE (0	ne of Debtor 1150 COMMERCIAL MONTLAGE (0 OG-10725-LBR						
NOTF This form should not be used to make a claim for an administrative expense may	OTF This form should not be used to make a claim for an administrative expense arising after the commencement the case. A request for payment of an administrative expense may be filed pursuant to 11 USC § 503.						
Name of Creditor (The person or other entity to whom the diction owes money or property)  APTH-IR F & LYAA S SCHAFFER, THE STEES LIVING TIZEST DATES 10/24/91  Name and address where notices should be sent	Check						
ARTHUR TOHN TZER  ZO155 NE 38 h CT, #1604  AVENTURA, FL 33180  Telephone number 305- 432 8035	Case Check addres	s on the	the e en	address differs from the velope sent to you by	THIS SPACE IS FOR COURT USE ONLY		
Last four digits of account or other number by which creditor	Check		$\square$	replaces	Lalaum dated		
identifies debtor 0983	ıf this	claım		amends a previously filed			
1 Basis for Claim Goods sold Services performed Money loaned Personal injury/wrongful death Taxes		☐ W U	age ast npa	ee benefits as defined in less salaries and compensation digits of your SS # _ ind compensation for serv t _ (date)	uon (fill out below) uces performed		
Taxes SEE EXHIBIT A	1.0			T data abtamad			
2 Date debt was incurred  JUNE, 2004  4. Classification of Claim Check the appropriate box or boxes to	3.			udgment, date obtained			
Unsecured Nonpriority Claim \$\frac{1774}{903}\frac{40}{90}\$  Check this box if a) there is no collateral or lien securing yo b) your claim exceeds the value of the property securing it, or if conly part of your claim is entitled to priority  Unsecured Priority Claim  Check this box if you have an unsecured claim all or part of entitled to priority  Amount entitled to priority \$  Specify the priority of the claim  Domestic support obligations under 11 U S C \(\xi\) 507(a)(1)(A) (a)(1)(B)  Wages, salaries or commissions (up to \(\xi\)10 000) * earned with days before filing of the bankruptcy petition or cessation of the debusiness whichever is earlier 11 U S C \(\xi\) 507(a)(4)  Contributions to an employee benefit plan - 11 U S C \(\xi\) 507.	which is  or thin 180  ebtor s *A 7(a)(5)	Amo secu Up to or serv § 5077 Taxes Other mounts with r	Vanished States of States	ref Description of Collater Real Estate Motor line of Collateral Motor line of Collateral Motor line of Collateral Motor of arrearage and other cha claim, if any \$27,2  225* of deposits toward pust for personal family or h openalties owed to governm pecify applicable paragrap a subject to adjustment on 4 lect to cases commenced on	Vehicle Other—  Trees at time case filed included in 32, 33  Trichase lease or rental of property ousehold use - 11 U S C  The ental units - 11 U S C § 507(a)(8) the of 11 U S C § 507(a)()  The first the date of adjustment or after the date of adjustment (Total)		
Check this box if claim includes interest or other charges in interest or additional charges			_				
6 Credits The amount of all payments on this claim has be making this proof of claim 7 Supporting Documents Attach copies of supporting documents invoices itemized statements of running accounts configurements and evidence of perfection of lien. DO NOT Signature and courage and cou	numents, such intracts cour SEND ORIG Foluminous, a ne filing of your of the credit	n as pro t judgm INAL l attach a our clas	mis nent DO sui m,	ssory notes, purchase s mortgages, security CUMENTS If the mmary enclose a stamped self-	THIS SPACE IS FOR COURT USE ONLY		
Penalty for presenting fraudulent claim. Fine of up to \$500 00	7/	TRU			USA CMC		

UNITED STATES BANKRUPTEV, COURT C 8569 DISTRICT OF NEVADA	PRO	OF OF CLAIM	YOUR CLAIM IS SCHEDULED AS				
Name of Debtor	Case Nu	mber	Schedule/Claim ID s31609				
	1	25-LBR	Amount/Classification				
USA Commercial Mortgage Company	00-107	23-LDN	\$1 359 49 Unsecured				
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative ex arising after the commencement of the case A "request" for payment administrative expense may be filed pursuant to 11 U S C § 503		Check box if you are aware that anyone else has filed a proof of claim relating	The amounts reflected above constitute your claim as				
Name of Creditor and Address  HERBERT SONNENKLAR & NORMA R SONNENKLAR 2501 POINCIANA DR WESTON FL 33327 1415	003274	to your claim Attach copy of statement giving particulars  Check box if you have never received any notices from the bankruptcy court or BMC Group in this case  Check box if this address differs from the address on the envelope sent to you by the	scheduled by the Debtor or pursuant to a filed claim. If you agree with the amounts set forth herein and have no other claim against the Debtor, you do not need to file this proof of claim EXCEPT as stated below.  If the amounts shown above are listed as Contingent, Unliquidated or Disputed, a proof of claim must be filed.  If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again.				
Creditor Telephone Number ( )		court	THIS SPACE IS FOR COURT USE ONLY				
Last four digits of account or other number by which creditor identifies	debtor	Check here replain or amer	a proviouely filed claim dated				
1 BASIS FOR CLAIM	Retiree b	enefits as defined in 11 U S	C § 1114(a) Unremitted principal				
Goods sold Personal ınjury/wrongful death	Wages,	salaries, and compensation	(fill out below)				
Services performed	Last four	digits of your SS #	(not for loan balances)				
Money loaned	Unpaid o	ompensation for services pe	erformed from to				
			(date) (date)				
2 DATE DEBT WAS INCURRED SAFER MATION ATTC	nd 3 IF C	OURT JUDGMENT, DATE O	DBTAINED				
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that See reverse side for important explanations	t best describ	e your claim and state the amou	nt of the claim at the time case filed				
UNSECURED NONPRIORITY CLAIM \$		SECURED CLAIM					
Check this box if a) there is no collateral or lien securing your claim or b) y exceeds the value of the property securing it or if c) none or only part of you entitled to priority		a right of setoff)	our claim is secured by collateral (including				
UNSECURED PRIORITY CLAIM		Brief description of					
Check this box if you have an unsecured claim all or part of which is		Real Estate	Motor Vehicle Other				
entitled to priority		Value of Collateral	\$ 170,789,00 plus Inter				
Amount entitled to priority \$			nd other charges <u>at time case filed</u> included in				
Specify the priority of the claim		secured claim if any	\$				
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)			ard purchase lease or rental of property or				
Wages salaries or commissions (up to \$10 000)* earned within 180 days before filling of the bankruptcy petition or cessation of the debtor's	Г	, ,	or household use 11 U S C § 507(a)(7) vernmental units 11 U S C § 507(a)(8)				
business whichever is earlier 11 U S C § 507(a)(4)	Ē	· ·	agraph of 11 U S C § 507(a) ()				
Contributions to an employee benefit plan 11 USC § 507(a)(5)			stment on 4/1/07 and every 3 years thereafter				
E TOTAL AMOUNT OF OLARS			ced on or after the date of adjustment				
	120,78		erest \$				
(unsecured)  Check this box if claim includes interest or other charges in addition to the	,	ecured) amount of the claim Attach ite	(pnonty) (Total) emized statement of all interest or additional charges				
6 CREDITS The amount of all payments on this claim has been cre 7 SUPPORTING DOCUMENTS Attach copies of supporting documenting accounts, contracts court judgments mortgages, security DOCUMENTS If the documents are not available, explain If the 8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim	euments. agreemen documents	nch as promissory notes, pur ts and evidence of perfectio s are voluminous, attach a su	chase orders invoices itemized statements of n of lien DO NOT SEND ORIGINAL immary				
The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT  ACCEPTED) so that it is actually received on or before 5 00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and							
governmental units) BY MAIL TO BMC Group Attn USACM Claims Docketing Center P O Box 911 El Soguedo CA 90245 0911	BMC Ground Attn USA 1330 Eas	.CM Claims Docketing Cente t Franklin Avenue	FILED UCT I O ZUUD				
DATE SIGN and print the name and title if any of the		do CA 90245	USA CMC				
145/66 Tormal Jonney Large		Sonnen Klai	4				

Penalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisonment for up to 5 years or both 18 USC §§ 152 AND 3571

Herbert Sonnential

Case 06-10725-qwz Doc 8569-3 En	tered 06/27/11 14:41:19 Page 8 of 11
	OOF OF CLAIM
Name of Debtor Case Nu	mber
C . C C I I I I C C I I C C C C C C C C	0725-LBR
NOTE See Reverse for List of Debtors and Case Numbers  This form should not be used to make a claim for an administrative expense arising after the commencement of the case A "request" for payment of an administrative expense may be filed pursuant to 11 U S C § 503	Check box if you are aware that anyone else has filed a proof of claim relating to your claim Attach copy of
Name of Creditor and Address 11321241000277	statement giving particulars
STEVENSON PENSION TRUST DATED 1/7/94	Check box if you have never received any notices from the bankruptcy court or BMC Group in this case  Check box if you have never received any notices from the bankruptcy court or BMC Group in this case
C/O BERT A STEVENSON TRUSTEE 10 PINE LN	BMC Group in this case  SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS  ONE OF THE DEBTORS
LAKESIDE OR 97449-8664  703-449-7187  Creditor Telephone Number (1903-499-7187)	differs from the address on the envelope sent to you by the court   If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies debtor	C replaces
#320	Check here or a previously filed claim dated if this claim amends
	enefits as defined in 11 U S C § 1114(a)  Unremitted principal
Common nowformed     Tower	salaries and compensation (fill out below)  digits of your SS #  Other claims against service (not for loan balances)
Money loaned	ompensation for services performed from to
2 DATE DEBT WAS INCURRED SEE ATTACHED 3 IF C	(date) (date) OURT JUDGMENT, DATE OBTAINED
	be your claim and state the amount of the claim at the time case filed
See reverse side for important explanations	SECURED CLAIM
UNSECURED NONPRIORITY CLAIM \$ UNKNOWN SEE ATTACHES  Check this box if a) there is no collateral or lien securing your claim or b) your claim	Check this box if your claim is secured by collateral (including
exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority	a right of setoff)  Brief description of collateral
UNSECURED PRIORITY CLAIM	Real Estate Motor Vehicle Other
Check this box if you have an unsecured claim all or part of which is entitled to priority	Value of Collateral \$ [ NKALA AL
Amount entitled to priority \$	Amount of arrearage and other charges at time case filed included in secured claim if any \$ UNICNOWN BACH INTERS
Specify the priority of the claim  Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	
Wages salaries or commissions (up to \$10 000)* earned within 180 days	Up to \$2 225* of deposits toward purchase lease or rental of property or services for personal family or household use 11 U S C § 507(a)(7)
before filing of the bankruptcy petition or cessation of the debtors business whichever is earlier - 11 U S C § 507(a)(4)	Taxes or penalties owed to governmental units - 11 U S C § 507(a)(8)  Other Specify applicable paragraph of 11 U S C § 507(a) ( )
Contributions to an employee benefit plan 11 U S C § 507(a)(5)	* Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter
5 TOTAL AMOUNT OF CLAIM \$ UNKNOWN \$ UNKN	with respect to cases commenced on or after the date of adjustment  **Description**  **Des
AT TIME CASE FILED (unsecured) (s	ecured) ( pnonty) (Total)
Check this box if claim includes interest or other charges in addition to the principal	
6 CREDITS The amount of all payments on this claim has been credited and of SUPPORTING DOCUMENTS <u>Attach copies of supporting documents</u> , surunning accounts, contracts, court judgments, mortgages, security agreement	ich as promissory notes, purchase orders invoices, itemized statements of
DOCUMENTS If the documents are not available explain. If the documents	are voluminous attach a summary
8 DATE-STAMPED COPY To receive an acknowledgment of the filing of y proof of claim	
The original of this completed proof of claim form must be sent by mail of ACCEPTED) so that it is actually received on or before 5 00 pm, prevailing for each person or entity (including individuals, partnerships, corporation governmental units)	g Pacific time, on November 13, 2006 USE ONLY
	OR OVERNIGHT DELIVERY TO
Attn USACM Claims Docketing Center Attn USA	CM Claims Docketing Center FIFD JAN 0 8 2007
El Segundo, CA 90245-0911 El Segundo	do CA 90245
DATE  SIGN and print the name and title if any of the creditor or this claim (attach copy of power of attorney if any)-	
12/29/06 BERT A STEVENSON, TRUSTER	Berta Stevent Trustee 1072501893

	Case up-107/25-0W/ Doc 85b9	3	lieren un <i>izi</i> III. 145	<u>41 19 Pa</u>	<u> </u>
	UNITED STATES BANKRUPTCY COURT  DISTRICT OF NEVADA		90 0 0, 22		
	Name of Debtor	Case Nu	mber		
	USA Commercial Mortgage Company	06-107	'25-LBR		
	NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative exp arising after the commencement of the case A "request" for payment of administrative expense may be filed pursuant to 11 U S C § 503		Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of		LY OWED MONEY BY A BORROWER S BEING SERVICED BY THE
	Name of Creditor and Address  11321242038976 STEVENSON, BERT	6	statement giving particulars  Check box if you have never received any notices	OF CLAIM THIS	DO <u>NOT</u> HAVE TO FILE A PROOF INCLUDES MONEY FROM THAT LD IN THE COLLECTION ACCOUNT
	500 N ESTRELLA PKWY B2-405 GOODYEAR AZ 85338		from the bankruptcy court or BMC Group in this case  Check box if this address	SECURED INTEL ONE OF THE DE	
	Creditor Telephone Number ( ) 703-199-718	7	differs from the address on the envelope sent to you by the court	Bankruptcy Court	eady filed a proof of claim with the or BMC you do not need to file again on the second of the secon
	Last four digits of account or other number by which creditor identifies of 320	debtor	Check here replace or if this claim amen	a previously	, filed claim dated
	1 BASIS FOR CLAIM	Retiree b	penefits as defined in 11 U S	C § 1114(a)	Unremitted principal
	Goods sold Personal ınjury/wrongful death	Wages s	salaries and compensation (	fill out below)	Other claims against servicer (not for loan balances)
	☐ Services performed ☐ Taxes ☐ Other (describe briefly)		digits of your SS#		(not ior loan balances)
		Unpaid c	compensation for services per	rformed from	(date) to (date)
ŀ	2 DATE DEBT WAS INCURRED SEE AHACHED	3 IF C	OURT JUDGMENT, DATE O	BTAINED	(date)
	4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that	t best descri	be your claim and state the amo	unt of the claim at	the time case filed
	See reverse side for important explanations  UNSECURED NONPRIORITY CLAIM \$   ) NKNOWN AH	- da = (1=21)	SECURED CLAIM		
	Check this box if a) there is no collateral or lien securing your claim or b) exceeds the value of the property securing it or if c) none or only part of your entitled to priority	your claim our claim is	Check this box if you a right of setoff)  Brief description of		red by collateral (including
	UNSECURED PRIORITY CLAIM		Real Estate	_	e 🔲 Other
Ì	Check this box if you have an unsecured claim all or part of which is entitled to priority		Value of Collateral	<del></del>	LNOWN
	Amount entitled to priority \$			C 141	at time case filed included in
	Specify the priority of the claim		secured claim if any	\$ Ungenio	in Breutherres-
	Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)  Wages salaries or commissions (up to \$10 000)* earned within 180 days		Up to \$2 225* of deposits towa services for personal family of		
	before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier r - 11 U S C § 507(a)(4)		Taxes or penalties owed to go		• (7,7)
	Contributions to an employee benefit plan 11 U S C § 507(a)(5)		Other Specify applicable para * Amounts are subject to adjust	• .	, , , , , , , , , , , , , , , , , , , ,
Į			with respect to cases commen	nced on or after the	date of adjustment
	AT TIME CASE FILED	UNKA			\$ UNKNOWN.
	(unsecured)  Check this box if claim includes interest or other charges in addition to the	ne principal			-
	6 CREDITS The amount of all payments on this claim has been cred SUPPORTING DOCUMENTS Attach copies of supporting documenting accounts, contracts court judgments mortgages security a DOCUMENTS If the documents are not available, explain. If the documents are not available, explain.	<i>ıments,</i> su agreement:	ich as promissory notes pure s, and evidence of perfection	chase orders inv	roices itemized statements of
	8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim	e filing of y	our claim enclose a stamped	d self-addressed	
	The original of this completed proof of claim form must be sent ACCEPTED) so that it is actually received on or before 5 00 pm for each person or entity (including individuals, partnerships, c governmental units)	, prevailin	g Pacific time, on Novembe	er 13, 2006	THIS SPACE FOR COURT USE ONLY
	BY MAIL TO BMC Group	BY HAND O	OR OVERNIGHT DELIVERY TO up		USA CMC
	Attn USACM Claims Docketing Center P O Box 911	Attn USA	CM Claims Docketing Cente	r	1072501894
	El Segundo CA 90245-0911		t Franklin Avenue do CA 90245		
	DATE SIGN and print the name and title if any of the this claim (attach copy of power of attorn		other person authorized to file	F	LED JAN 0 8 2007
	17176101		STEVENISON	3	

FORM B10 (Official Form 10) (10/05)					
UNITED STATES BANKRUPICY COURT	Dis	TRICI C	Ne	vada	PROOF OF CLAIM
Name of Dubtor	Case	Number			
USA Commercial Mortgage Co				725-1BR	4
NOTE This form should not be used to make a claim for an adminis of the case. A request for payment of an administrative expense ma	strative exp	ense ansi	ng after	the commencement	
of the case. A request for payment of an administrative expense ma	y oc ilico	haisaan	W 11 ()	30 8 101	_
Name of Creditor (The person or other entity to whom the				aware that anyone of claim relating to	
debtor owes money or property) TERRY MARKWELL TRUSTEE OF the TERRYMARKWELL				opy of statement	
Profit Spaning Plan & TRUST		ng particu			
Name and address where notices should be sent				ve never received any kruptcy court in this	1
TERRY MARKWELL	Case		tire pari	kruptcy court in this	
12765 SILVER WOLF ROAD REND, NY 89511	) <b>—</b>			ress differs from the ope sent to you by	
Telephone number 775-8536959	1	court	C C117C1		THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor	1	ck here		aces	ed claum, dated
identifies debtor	17 (1	us claum			ed claim dated
1 Basis for Claim		لبسيا			11 U S C § 1114(a)
Goods sold Services performed				alaries and compens digits of your SS #	ation (fill out below)
Money loaned				compensation for ser	
Personal injury/wrongful death		fr	om		o
Other SEE Exhibit A				(date)	(date)
2 Date debt was incurred	3	If cou	rt judg	ment, date obtaine	d
12-15-2004					
4 Classification of Claim Check the appropriate box or boxes the	hat best de	scribe you	ır claım	and state the amoun	of the claim at the time case filed
See reverse side for important explanations		Secur	red Cl	aım	
Unsecured Nonpriority Claim \$ 403, 853.2/			Check	this box if your claim	is secured by collateral (including
Check this box it a) there is no collateral or lien securing you b) your claim exceeds the value of the property securing it or if c) only part of your claim is entitled to priority	ur claim o none or	a righ	t of set	off)	
only part of your claim is entitled to priority		-		Description of Collate	
Unsecured Priority Claim				il Estate Motor	
Chick this box if you have an unsecured claim all or part of	which is			of Collateral \$40	
entitled to priority					arges at time case filed included in
Amount entitled to priority \$		secur	eo ciain	n ifany \$ <u>7799</u>	re-5
Specify the priority of the claim		Up to \$	2 225*	of deposits toward p	urchase lease or rental of property
Domestic support obligations under 11 U S C \ 507(a)(1)(A)	or	or servi § 507(a		personal tamily or h	ousehold use - 11 U S C
(a)(1)(B)		- '		ties owed to governm	ental units 11 U S C § 507(a)(8)
Wages salaries or commissions (up to \$10 000) * earned with days before filing of the bankruptcy petition or cessation of the deb	in 180				h of 11 USC § 507(a)()
days before filing of the bankruptcy petition or cessation of the deb business whichever is earlier 11 USC § 507(a)(4)	*A	mounts a	re subje	ect to adjustment on 4	11/07 and every 3 years thereafter
Contributions to an employee benefit plan 11 USC \$ 507(	a)(5)	with res	spect to	cases commenced on	or after the date of adjustment
5 Total Amount of Claim at Time Case Filed				18403.853.21	#403853.21
Check this box if claim includes interest or other charges in ac	ldition to t	(unsecu he princu	red) nalamo	(secured)	(priority) (Total)
interest or auditional charges					acti itemiz da statement di ali
6 Credits The amount of all payments on this claim has bee	n credited	and dedu	cted fo	r the purpose of	THIS SLACE IS FOR COURT USE ONLY
making this proof of claim  7 Supporting Documents Attach copies of supporting documents	nante cost			atas assists	
orders invoices itemized statements of running accounts conti	racts cour	i as prom Liudomei	issory r its moi	rtgages, security	
agreements and evidence of perfection of lien DO NOT SE	ND ORIG	INAL DO	CUMI	ENTS IF UTEL FIN	JAN 1 0 2007
documents are not available explain. If the documents are volu	uminous, a	ittach a su	ımmary		ALIA T O SOOL
Date-Stamped Copy To receive an acknowledgment of the saddressed envelope and copy of this proof of claim	filing of yo	our claim,	enclose	e a stamped self-	
Date Sign and print the name and title if any of	the credit	or or othe	r perso	n authorized to	
file this claim (attach copy of power of atto	orney if an	iy)	- perso	adminized to	
17/2 1/2 1/2 1/1	7		•		LICA CMC
- Hory Markell,	1545	<u>700</u>	<u></u>		USA CMC
Penulty for presenting fraudylent Cam Fine of up to \$500 000 o	r imprison	ment for	up to 5	years or both 181	

UNITED STATES BANKRUPTCY COURT DISTRICT OF REVABA	PRO	OF OF CLAIM	1.15 T ag	
Name of Debtor	Case Nu	mber		
USA COMMERCIAL MONTGAGE CO.		( <b></b>		
	06-	10725 LBR		
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative exp	ense	Check box if you are		
arising after the commencement of the case. A request for payment administrative expense may be filed pursuant to 11 U.S.C. § 503	of an	aware that anyone else has filed a proof of claim relating		
Name of Creditor and Address		to your claim Attach copy of statement giving particulars		
11321241003374	4	Check box if you have		
GARY A THIBAULT & SANDRA C THIBAULT 4525 DAWN PEAK ST		never received any notices from the bankruptcy court or	DO NOT FILE TH	S PROOF OF CLAIM FOR A
LAS VEGAS NV 89129-3235		BMC Group in this case	SECURED INTER ONE OF THE DEI	EST IN A BORROWER THAT IS NOT STORS
		Check box if this address differs from the address on the		eady filed a proof of claim with the
Creditor Telephone Number (76) 839 - 9987		envelope sent to you by the court		or BMC you do not need to file again E IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies	debtor	Check here  replac		E 10 1 OK GOOKT GOE GKET
5805 AND 5932		Check here	a previously	filed claim dated
1 BASIS FOR CLAIM	Retiree t	penefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death	Wages :	salaries and compensation (	fill out below)	Other claims against servicer
☐ Services performed ☐ Taxes ☐ Other (describe briefly)		digits of your SS #	<del></del>	(not for loan balances)
Z Worley loaned Cities (describe briefly)	Unpaid o	compensation for services per	rformed from	to (date) (date)
2 DATE DEBT WAS INCURRED VARIOUS	3 IF C	OURT JUDGMENT, DATE O	BTAINED	(date) (date)
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes tha	t best descr	be your claim and state the amoi	unt of the claim at t	he time case filed
See reverse side for important explanations  UNSECURED NONPRIORITY CLAIM \$		SECURED CLAIM		
Check this box if a) there is no collateral or lien securing your claim or b)		12.31	our claim is secui	ed by collateral (including
exceeds the value of the property securing it or if c) none or only part of your entitled to priority	our claim is	a right of setoff)  Brief description of	collateral	
UNSECURED PRIORITY CLAIM		Real Estate		Other
Check this box if you have an unsecured claim all or part of which is entitled to priority		Value of Collateral		NOWN
Amount entitled to priority \$		Amount of arrearage ar	nd other charges	at time case filed included in
Specify the priority of the claim		secured claim if any	\$ SEE AT	TACHEO
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		Up to \$2 225* of deposits towa services for personal family of		
Wages salanes or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtors	, Г	Taxes or penalties owed to go		• ,,,,
business whichever is earlier 11 U S C § 507(a)(4)		Other - Specify applicable para		
Contributions to an employee benefit plan 11 U S C § 507(a)(5)		* Amounts are subject to adjust with respect to cases commen		
5 TOTAL AMOUNT OF CLAIM \$ SEE ATTACHED \$		\$		_\$
(unsecured)	`	secured)	( pnonty)	(Total)
Check this box if claim includes interest or other charges in addition to the				·
6 CREDITS The amount of all payments on this claim has been cred SUPPORTING DOCUMENTS <u>Attach copies of supporting docu</u>				
running accounts contracts court judgments mortgages, security a	agreement	s and evidence of perfection	of hen DO NO	T SEND ORIGINAL
DOCUMENTS If the documents are not available explain. If the color by DATE-STAMPED COPY To receive an acknowledgment of the			•	envelope and copy of this
proof of claim				envelope and copy of this
The original of this completed proof of claim form must be sen ACCEPTED) so that it is actually received on or before 5 00 pm				THIS SPACE FOR COURT USE ONLY
for each person or entity (including individuals, partnerships,	corporatio	ns, joint ventures, trusts ar	nd	FILED OCT 17 2006
governmental units) BY MAIL TO BMC Group	BY HAND BMC Gro	OR OVERNIGHT DELIVERY TO	)	ILLU OO! I LEGO
Attn USACM Claims Docketing Center	Attn USA	ACM Claims Docketing Cente	r	
P O Box 911 El Segundo CA 90245-0911		t Franklin Avenue do CA 90245		OCT 17 2006
DATE SIGN and next the name and title if any of the	ne creditor o	r other person authorized to file		<u> </u>
this claim (attach copy of power of attor	mey if any)	SANDRA C THIBAU	CT	USA CMC
Penalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisonment	ent for un to	5 years orboth 18118 C SS	152 AND 2571	